

Name of Attorney or Party without Attorney: Address: Telephone: Attorney for:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL Juvenile Division	
Name of the Dependant Child	
DECLARATION RE NOTICE OF EX PARTE APPLICATION	Case No.:

I, the undersigned, declare:

1. I am ☐ counsel ☐ social worker ☐ mother ☐ father ☐ minor ☐
Department of Family and Children's Services or ☐ other (explain)

_____ in this dependency action.

2. Pursuant to Juvenile Court Local Rules, I have given notice of, and a copy of this application for ex parte orders to, the following persons: _____

Notice to the above named persons was given in the following manner:

☐ telephone at _____ ☐ a.m. ☐ p.m.

☐ letter ☐ mailed ☐ hand delivered to (insert name and address):

_____, on _____, _____

3. I have received the following response: _____

4. I have not given notice of this application for ex parte orders for the following reason(s):

☐ a. Would frustrate the purpose of the orders requested.

☐ b. Minor child would suffer immediate and irreparable harm before the orders could issue.

☐ c. No significant burden or inconvenience to responding party will result from the orders requested.

☐ d. I made reasonable, good faith efforts to give notice, as follows:

☐ e. Other: _____

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct. Executed at _____, California, on _____

(DATE)

Declarant